

DEC. 12. 2005 11:24AM
TO: USPTO

ZILKA-KOTAB, PC

NO. 1221 P. 1

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TELEPHONE (408) 971-2573
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FAX COVER SHEET

Date: December 12, 2005	Phone Number	Fax Number
To: Examiner Revak		(571) 273-8300
From: Kevin J. Zilka		

Docket No.: NAI1P472/01.058.01

App. No: 09/963,811

Total Number of Pages Being Transmitted, Including Cover Sheet: 17

Message:

Please deliver to Examiner Revak.

Thank you,

Kevin J. Zilka

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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ANY OTHER DIFFICULTY, PLEASE PHONE Erica
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

December 11, 2005

page 3 is missing

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of:

Lee Adam Fisher

Application No. 09/963,811

Filed: September 27, 2001

For: TOKEN-BASED AUTHENTICATION
FOR NETWORK CONNECTION

Art Unit: 2131

Examiner: Revak, Christopher A.

Date: December 12, 2005

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CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (571) 273-8300 on the above date.

Signed:

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 2233-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	<u>53</u> -	<u>51</u>	<u>02</u>	X25 = \$	OR	X50 = \$100
INDEP CLAIMS	<u>04</u> -	<u>04</u>	<u>00</u>	X100 = \$	OR	X200 = \$0

[] Multiple Dependent Claim Present
and Fee Not Previously Paid

\$0

\$0

TOTAL

\$

\$100.00

☐
☒

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.

Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P472). A copy of this sheet is enclosed for billing purposes.

☐
☒Respectfully submitted,
Zilka-Kotab, PCKevin J. Zilka
Registration No. 41,429P.O. Box 721120
San Jose, CA 95172-1120
Telephone: (408) 971-2573

(Revised 1/96)

